

EXHIBIT P6

to COMPLAINT FOR INTERPLEADER

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¹ All Attorneys Licensed in ND

February 26, 2019

MetLife Investors USA Insurance Company
700 Quaker Lane
PO Box 330
Warwick, RI 02887-0330

SENT VIA FAX ONLY
908-655-9586

RE: Estate of Lamont A. Loudenslager
Insured: Lamont Loudenslager
Policy: 958201834UM

Dear Mr. Burnosky:

Our law office represents Ms. Joyce Loudenslager as the personal representative of the Estate of Lamont A. Loudenslager. It is our understanding that Mr. Loudenslager had both a life insurance policy as well as an annuity with MetLife. Please provide our office with a copy of Mr. Loudenslager's life insurance policy as well as any beneficiary designations made on this policy.

For your convenience, please find attached a certified copy of the Letters of Administration, a copy of the death certificate and a copy of an authorization to release information. Please contact our office with any questions or concerns. Thank you.

Sincerely,

Jenna McPherson
Attorney at Law
BRUDVIK LAW OFFICE, P.C.

Enclosure(s)

231 9th Avenue SE • P.O. Box 547 • Mayville, ND 58257
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 ATTORNEY ID NO. 08892
 Attorneys for: Personal Representative of the Estate

09-2018-PR-00380

IN THE EAST CENTRAL DISTRICT COURT, CASS COUNTY, NORTH DAKOTA**In the Matter of the Estate of Lamont A. Loudenslager, Deceased****LETTERS OF ADMINISTRATION
 (Formal Proceedings)**

Joyce Loudenslager is hereby appointed Personal Representative of the Estate of Lamont A. Loudenslager, deceased.

WITNESS: Hon. _____, Judge of the above-entitled Court, with the seal thereof affixed the _____ day of _____, 2018.

Signed: 1/24/2019 11:22:10 AM


Judge of District Court

STATE OF SOUTH DAKOTA)
 COUNTY OF Minnehaha)
) ss.

I hereby accept the duties of Personal Representative of the Estate of Lamont A. Loudenslager, deceased, and will perform, according to law, the duties of Personal Representative.

I, Lindsey Froehlich, Clerk of the District Court, Cass County, State of North Dakota, do hereby certify that this is a true and complete copy of the original instrument filed in this office and that same is in full force and effect, IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Court at my office, in Fargo, North Dakota this 31 day of Jan. 2019.

LINDSEY FROEHLICH

Clerk of the District Court

By  Deputy

Joyce Loudenslager

CERTIFICATION OF VITAL RECORD

North Dakota Department of Health

Bismarck, North Dakota

Certification of Death

THIS IS TO CERTIFY THAT THERE IS ON RECORD IN THE DIVISION OF VITAL RECORDS, NORTH DAKOTA DEPARTMENT OF HEALTH, BISMARCK ND, THE FOLLOWING ENTRY OF DEATH:

DECEDENT INFORMATION

NAME:	LAMONT ALLEN LOUDENSLAGER	SEX:	MALE
SOCIAL SECURITY NUMBER:	[REDACTED] 4347	DATE OF DEATH:	SEPTEMBER 08, 2018
PLACE OF DEATH:	FARGO, NORTH DAKOTA	MARITAL STATUS:	DIVORCED
SURVIVING SPOUSE'S NAME:		TIME OF DEATH:	20:47
FATHER'S NAME:	WILLIAM LOUDENSLAGER	DATE OF BIRTH:	[REDACTED] 1954
MOTHER'S MAIDEN NAME:	BONNIE ADAMS	BIRTHPLACE:	SOUTH DAKOTA
RESIDENTIAL ADDRESS:	[REDACTED]	U.S. ARMED FORCES:	NO
PLACE DEATH OCCURRED:	HOSPITAL - INPATIENT	FILING DATE:	OCTOBER 12, 2018
FACILITY OR ADDRESS:	SANFORD HEALTH OF FARGO	DATE ISSUED:	OCTOBER 26, 2018
	FARGO, NORTH DAKOTA	CERTIFICATE NO.:	133-18-004793

INFORMANT INFORMATION

INFORMANT:	LANE LOUDENSLAGER	RELATIONSHIP:	SON
INFORMANT'S ADDRESS:	[REDACTED]		

DISPOSITION INFORMATION

FINAL DISPOSITION:	RIVERSIDE CEMETERY FARGO, NORTH DAKOTA	METHOD:	BURIAL
FUNERAL HOME:	BOULGER FUNERAL HOME FARGO, ND 58103	PRACTITIONER:	TIA LOPEZ
		LICENSE NUMBER:	1323

MEDICAL CAUSE OF DEATH INFORMATION

MEDICAL CERTIFIER:	MOHAMED SANAUULLAH,	LICENSE NUMBER:	9551
CERTIFIER'S ADDRESS:	SANFORD HEALTH OF FARGO, FARGO, ND 58122		

IMMEDIATE CAUSE OF DEATH: SEPSIS

as a consequence of > LACTOBACILLUS ENDOCARDITIS
 as a consequence of >
 as a consequence of >

CONTRIBUTING FACTORS: RENAL MASS

MANNER OF DEATH: NATURAL

MEDICAL EXAMINER CONTACTED: NO

TOBACCO CONTRIBUTED TO DEATH: NO

DATE OF INJURY:

PLACE OF INJURY:

LOCATION OF INJURY:

HOW INJURY OCCURRED:

AUTOPSY PERFORMED: NO

DECEASED DIABETIC: NO

AUTOPSY FINDINGS AVAILABLE:

TIME OF INJURY:

INJURY AT WORK:

TRANSPORTATION INJURY:

001819335



Darin J. Meachke
State Registrar of Vital Statistics

This certificate is issued in compliance with the laws of the State of North Dakota
 (NOT VALID without raised impression seal of the North Dakota Department of Health)

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 ATTORNEY ID NO. 08892
 Attorneys for: Personal Representative of the Estate

Probate No. 09-2018-PR-00380

IN THE EAST CENTRAL DISTRICT COURT, CASS COUNTY, NORTH DAKOTA

In the Matter of the Estate of Lamont A. Loudenslager, Deceased

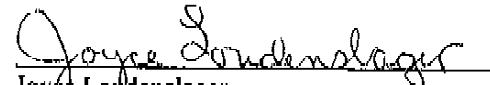
AUTHORIZATION TO RELEASE INFORMATION

STATE OF SOUTH DAKOTA)
)
 COUNTY OF Minnelaha)

TO WHOM IT MAY CONCERN:

I, Joyce Loudenslager, as Personal Representative of the Estate of Lamont A. Loudenslager, Deceased, as evidenced by the attached copy of Letters of Administration, do hereby authorize the Internal Revenue Service, the North Dakota State Tax Commissioner, the North Dakota Motor Vehicle Department, all banks, savings and loan associations, savings banks, credit unions, financial institutions, brokerage houses, mutual funds, corporations (whether publicly traded or closely held), partnerships, limited partnerships, FSA offices, agricultural lending institutions, cooperatives and individuals to release to the Brudvik Law Office the information requested by them in the attached letter of request. I hereby release the institution, company or individual furnishing this information from any loss or liability they may otherwise incur by the furnishing of the requested information. This Authorization shall be effective immediately, and a legible copy shall be as effective as the original.

Dated this 21 day of February, 2019.


 Joyce Loudenslager
 Personal Representative

Subscribed and sworn to before me this 21st day of February, 2019,


 Evan Brown
 Notary Public
 My Commission Expires: 6-22-24

